



# Incident Report

Print Date/Time: 11/01/2016 12:38

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00021293

Incident Date/Time: 10/26/2016 8:28:00 PM  
Location: 28TH ST NE / N MACHIAS RD

Incident Type: Collision  
Venue:

Phone Number: (425) 299-8190  
Report Required: No  
Prior Hazards: No  
LE Case Number:

Source: 911  
Priority: 3  
Status: 3  
Nature of Call:

## Unit/Personnel

Unit	Personnel
19N1	SS0072-Aukerman
19R1	SS0133-Heinemann

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	CASEY, REBECCA		(360) 791-0435			
2	Involved Party	KOSCHE, CHRISTY DAWN	521 S DAVIES RD	(206) 660-2092		Female	04/01/1970
3	Involved Party	SHOOK, CARRIE LYNN	Lake Stevens WA 982588537 19513 33RD PL SE	(503) 957-4679		Female	07/12/1973
1	Passenger	SHOOK, AMIRAH L	Snohomish WA 982903419 19513 33RD PL SE SNOHOMISH WA 98290			Female	05/08/2004

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2004	Audi	TTCV		848YRD	WA
Involved Vehicle	Passenger Car	2015	Chevrolet	EQUINOX		AWC4344	WA

## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

10/26/2016 : 20:49:37 SP0166 Narrative: SGT ASKING IF LKS CAN TAKE THIS? ALL NORTH UNITS ARE TIE DUP

10/26/2016 : 20:31:41 SP0166 Narrative: BRCST

10/26/2016 : 20:31:18 SP0422 Narrative: RP IS A WITNESS, LR 422

10/26/2016 : 20:30:24 SP0422 Narrative: 2 VEHS, BLK AUDI PC VS. SIL CHEVY EQUINOX, BOTH PARTIES PULLED INTO LAKE CONNER STORE PKLOT

10/26/2016 : 20:29:35 SP0422 Narrative: CC, NON INJ, NON BLKING

# COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E601594**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input checked="" type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00021293
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LOCAL AGENCY CODING	<b>WA0311900</b>
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TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK	
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M		M		D		D		Y		Y		Y		Y		TIME (2400)		COUNTY #		MILES								CITY #	
DATE OF COLLISION	10	-	26	-	2016									2025	31	00	10	N	S	E	W	<input checked="" type="checkbox"/>	IN	OF	<input checked="" type="checkbox"/>	0664			

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">2800</div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<div style="border: 1px solid black; padding: 2px;"><b>N MACHIAS RD</b></div>	MILE POST <input type="checkbox"/>		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		

DISTANCE				OF (REFERENCE OR CROSS STREET)	
<div></div>	<div></div>	MILES	<div></div> N <div></div>	E	<div></div> <b>28TH ST NE</b>
<div></div>	<div></div>	FEET	<div></div> S <div></div>	W	<div></div>

<b>UNIT 01</b>	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE <b>D: 5039574679</b>
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LAST NAME	<b>SHOOK</b>	FIRST NAME	<b>CARRIE</b>	MIDDLE INITIAL	<b>L</b>
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STREET  
NEW ADDRESS ☐ **19513 33RD PL SE**

CITY	<b>SNOHOMISH</b>	ST	<b>WA</b>	ZIP	<b>982903419</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	SHOOKCL271MK	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07	-	12	-	1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	<b>AWC4344</b>	STATE	<b>WA</b>	VIN#	<b>2GNALCEK6F1148746</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR <b>2015</b>	MAKE <b>CHEV</b>	MODEL <b>EQUINO</b>	STYLE <b>P4</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. PPG INC LSE 19513 33RD PL SE SNOHOMISH WA 98290	VEHICLE NO. 1
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LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **SENTRY 900431900**

VEHICLE LEGALLY STANDING         YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 2066602092
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LAST NAME	<b>KOSCHE</b>	FIRST NAME	<b>CHRISTY</b>	MIDDLE INITIAL	<b>D</b>
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STREET ☐ 521 S DAVIES RD  
NEW ADDRESS ☐

CITY	LAKE STEVENS	ST	WA	ZIP	982588537
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CGL		RESTRICTIONS	<b>B</b>	ENDORSEMENTS	<b>L</b>
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DRIVER'S LICENSE #	KOSCHCD301JA	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	-	01	-	1970
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	<b>848YRD</b>	STATE	<b>WA</b>	VIN#	<b>TRUTC28N441003389</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR <b>2004</b>	MAKE <b>AUDI</b>	MODEL <b>TTCV</b>	STYLE <b>RD</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO: <b>KEVIN KOSCHE PO BOX 1041 LAKE STEVENS WA 98258</b>	<b>VEHICLE NO. 2</b> SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **STATEFARM 3185274B1847H**

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT) <b>G. HEINEMANN</b>	BADGE OR ID # <b>0133</b>	AGENCY <b>WA0311900</b>
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**PART A** 3000-345-159 R (7/06)

PAGE 01	OF	3
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E601594**CASE # **2016-00021293**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>SHOOK AMIRAH L</b>																		
ADDRESS & PHONE # <b>19513 33RD PL SE SNOHOMISH WA 98290</b>														SEX <b>F</b>	D.O.B. MMDDYYYY <b>05</b>	-	<b>08</b>	-	<b>2004</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

Collision occurred in North County. No North units available- LSPD handled. Unit 2 was stopped at the intersection of 28th ST NE and N. Machias RD, facing westbound and waiting to turn southbound on N. Machias. Unit 1 allowed a vehicle go through the intersection ahead of them and then they failed to stop at the intersection, striking Unit 2 in the front passengers side quarter panel. No vehicles were towed and there were no injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**G. HEINEMANN**
**10-28-16 06:06 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**10/29/2016 3:20:35 AM**

BADGE OR ID #	<b>0133</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>8:29 PM</b>	TIME POLICE ARRIVED	<b>8:55 PM</b>
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REPORT NO. E601594

CASE # 2016-00021293

DATE AND TIME  
OF COLLISION 10/26/16 20:25

